PSYCHOSES AND SCHIZOPHRENIA TREATMENT Determine the appropriate setting for care. Initiate contact with the person's family and/or significant other. Prepare to select treatment with an antipsychotic medication. Initiate patient and family education If this is NOT a first episode, If this is a first episode, initiate a determine if person is presently second generation antipsychotic on a medication, change the medication other than clozapine. medication, if necessary. If person was previously Therapy with a single successfully treated, antipsychotic agent is preferred. restart/continue the former The evidence for combination regimen and assess every 1 to therapy is very limited. 2 weeks for 6 weeks.

If previous treatment was unsuccessful, initiate an antipsychotic medication not

formerly prescribed.

Assess every 1 to 2 weeks for 6 weeks for response and side effects.

Assess response in 6 to 8 weeks.

If treatment is not successful, change to a second generation antipsychotic drug not already tried; if adherence is poor, consider long-acting injectable antipsychotic. Initiate clozapine if patient has failed 2 agents, one of which was a second generation antipsychotic.

Assess response in 6-8 weeks

Continue follow-up to prevent relapse and promote recovery and rehabilitation.

	Antipsychotic Agents- Oral Dosage								
		Generic Name	Initial Dosage	Dosage Range					
	Conventional Antipsychotics	chlorpromazine	10-25mg tid	200-800 mg					
		thioridazine*	50 mg tid	150-600 mg					
		mesoridazine*	50 mg tid	75-300 mg					
		trifluoperazine	1-2 mg bid	5-20 mg					
		fluphenazine	0.5-1 mg bid	2-20 mg					
		perphenazine	2 mg bid	8-32 mg					
		thiothixene	2 mg tid	4-30 mg					
		loxapine	10 mg bid	60-100 mg					
		haloperidol	0.5-1 mg bid	2-20 mg					
		molindone	10 mg bid	50-225 mg					
	Second Generation Antipsychotics	clozapine**	12.5mg bid	150-600 mg					
		risperidone <sup>(a)</sup>	1 mg bid	2-8 mg					
		olanzapine***	5-10 mg qd	5-25***mg					
		quetiapine	25 mg bid	200-800 mg					
		ziprasidone	20 mg bid	40-160 mg					
		aripiprazole	10-15 mg qd	10-30 mg					

- (a) risperidone long-acting injection Initial Dosage 25 mg IM q 2 wks Dosage Range 25-50 mg IM q 2 wks
- \* Role in therapy should be rare. Please review warning prior to initiating treatment
- \*\* Not recommended for first-line treatment.
- \*\*\*Based on anecdotal evidence, dosages at this upper level may be appropriate for some patients.

# VA/DoD Clinical Practice Guideline Management of Psychoses Pocket Guide

### INITIAL SCREENING AND INTERVENTION

Person presents with a **social/occupational dysfunction** 

Complaint or recent history of one or more of the following symptoms:

- hallucinations
- negative symptoms of schizophrenia
- delusions
- · psychotic/bizarre behavior
- · thought disorder

Is there a risk of suicide, violence, or medical instability?

Are there immediate psychosocial needs?

Are there contributing factors (i.e., disease, substances, or medications)?

If yes, optimize management.

If treatment cannot be negotiated with patient, follow legal mandates.

Formulate the diagnosis

Identify psychosocial needs.

Discuss options and provide patient and family education.

Obtain agreement to the treatment plan.

Set the timeline and initiate treatment.

Provide psychosocial rehabilitation based on the identified needs.

Consider case management.

Reevaluate the level of recovery and degree to which the treatment plan has met the person's needs.

VA access to full guideline: http://www.oqp.med.va.gov/cpg/cpg.htm

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DoD access to full guideline: http://www.qmo.amedd.army.mil/pguide.htm

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## Assess Risk for Suicide or Self Harm

- Is the person alone and able to care for himself/herself?
- Are medications or weapons available that could result in dangerous behavior?
- Is personal safety a concern due to impaired cognition?
- Is the person becoming suicidal or violent toward others?
- Suicidal risk markers: current suicidal ideas/plans; past history of suicidal acts; presence of active mental illness (depression or psychosis); hopelessness; impulsivity; substance use disorder; available means for suicide (e.g., firearms or pills); formulation of plan; disruption of important personal relationships; and failure at important personal endeavors.
- Presence of some or all suicidal risk markers indicates a need for mental health referral/consultation.

### **Assess Risk for Violence**

- Has the person expressed thoughts of potential harm to self or others?
- · Has the person demonstrated violent acts or feelings?
- Does the person show thought control override symptoms?
- Has the person expressed great hostility toward political or prominent figures?
- Does the person have a history of violence or impulsivity?
- Presence of definite intent (suicidal/homicidal ideation, intent, and/or plan) to harm self or others requires voluntary/ involuntary emergency psychiatric treatment.

## **Assess Risk for Medical Instability**

- Are the person's vital signs within normal ranges?
- · What is the person's level of consciousness?
- Is the person in acute pain?
- If needed, the person should be stabilized by means normally used in an intensive care or emergency medicine setting.

	le Eff											
Drug	Oral Dosage Range in mg.	EPS	Anti- Cholinergic	Ortho Hypo	Pro- lactin	Sedation	Wt Gain	Comment				
Conventional Antipsychotics												
chlorpromazine	200-800	++	+++	+++	+++	+++	++					
thioridazine	150-600	+	++/+++	+++	+++	++/+++	++	Recommend very limited use - QT prolongation; retinal pigmentation at high doses				
mesoridazine	75-300	+	++	++/+++	+++	+++	?	Recommend very limited use - QT prolongation				
trifluoperazine	5-20	+++	+	+	+++	+	?					
fluphenazine	2-20	+++	+	+	+++	+	0					
perphenazine	8-32	++	+/++	+	+++	+/++	?					
thiothixene	4-30	+++	+++	++	+++	+/++	?					
loxapine	60-100	++	++	+	+++	+	?					
haloperidol	2-20	+++	+	+	+++	+	0/+					
molindone	50-225	++	++	+	+++	++	0					
	Secor	nd G	enerati	on Ant	tipsy	chotic	s*					
clozapine	150-600	0/+	+++	+++	0/+	+++	+++	Blood monitoring for agranulocytosis; seizure risk				
risperidone	2-8	+	+	++	+++	+	++					
olanzapine	5-25	+	+/++	+	0/+	+/++	+++	Based on anecdotal evidence, dosages at this upper level may be appropriate for some patients				
quetiapine	200-800	0/+	+	++	0/+	++	++	Observe for cataracts				
ziprasidone	40-160	+	+	+	0/+	+	0/+	Mild QT prolongation				
aripiprazole	10-30	0/+	0/+	0/+	0/+	0/+	+					

#### [0=none +=mild ++=moderate +++=severe]

\* Clinical reports suggest that some of the second generation antipsychotics may be associated with an increased risk of Type 2 Diabetes Mellitus as well as elevated lipids. Risk assignment of side effects for each second generation antipsychotic is not currently possible.

## **PSYCHOSOCIAL REHABILITATION**

When the person is medically and psychiatrically stable, it is important to assess needs for psychosocial rehabilitation.

Rehabilitation may be needed in one or more of following seven domains:

- 1. The person who is not fully informed about health needs or does not avoid high risk behavior may benefit from health education.
- 2. The person who does not have self-care or independent living skills consistent with goals may need self-care or independent living skills training.
- 3. The person who does not have safe, decent, affordable housing may require housing assistance.
- 4. Family education and counseling may benefit the person whose family does not actively provide support.
- 5. The person who is not sufficiently socially active may require social skills training or assistance in finding appropriate venues for socialization.
- 6. Work restoration services are vital for any person who is not successful and fulfilled in a job.
- 7. A case manager may be helpful to the person who is unable to locate and coordinate access to needed services